Trillium Gift of Life Network

2014-2015 BUSINESS PLAN

Trillium
Gift of Life
Network

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Executive Summary

Fiscal year 2012/13 was a year of considerable growth and record performance in organ and tissue donation and transplantation at Trillium Gift of Life Network (TGLN). Building on achievements in 2012/13, TGLN expects 2013/14 to be a year of continued growth, particularly in the areas of tissue donation and transplantation, as well as a year of focus driven by TGLN's three strategic priorities, as follows, approved by the Board in Fall 2012.

1) **Developing a sustainable end-to-end transplant system**
2) **Increasing donation performance of Greater Toronto Area (GTA) hospitals**
3) **Increasing registered donors in the inner GTA**

These strategic priorities were determined to have the greatest impact and influence in saving and enhancing more lives through the gift of organ and/or tissue donation for transplantation. The three strategic priorities have a three-year focus and will continue to shape TGLN's ongoing work in 2014/15.

It is important to highlight in particular the mission-critical requirement to build TGLN's information system services. The need for sufficient information system staff resources has risen to the singularly most important enabler for complete and sustained implementation of the multi-year recommendations of the Auditor General of Ontario and the achievement of TGLN's strategic priorities. TGLN's 2014/15 Business Plan reflects this and includes a significant investment in expanding TGLN's information system capacity, a key dependency for all important donation and transplant system improvement and change initiatives.

Similar to previous years, TGLN has maintained four overarching goals to guide its strategic direction. However, in the 2014/15 Business Plan, TGLN has differentiated goals as either (1) Program or (2) Enabling Goals, to highlight that the enabling goal supports realization of program goals and has a cross-functional impact. The 2014/15 Goals are as follows:

2014/15 GOALS

(1) *Program Goals:*
- **Support transplantation through effective oversight and collaboration with stakeholders.**
- **Maximize organ and tissue donation for transplantation in partnership with stakeholders.**
- **Inspire and motivate Ontarians to register their consent to donate organs and tissue.**

(2) *Enabling Goal:*
- **Deliver high quality and efficient operations through leading practices in process improvement, information technology and performance management.**

For the 2014/15 fiscal year, 7 objectives are identified and similar to the goals are grouped as (1) Program or (2) Enabling Objectives.

2014/15 OBJECTIVES

(1) *Program Objectives*
- **Develop a provincial transplant system that provides equitable access through standardized process and planning to enable better patient outcomes.**
- **Achieve 67-70% TGLN conversion rate for organ donation at originally designated hospitals, 244-260 donors and 3.57 organ yield per donor.**
- **Achieve 38% consent rate, 2,000-2,150 tissue donors and 300-315 multi-tissue donations.**
- **Increase registered donors by 275,000 to 313,000.**

(2) *Enabling Objectives*
- **Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.**

- **Improve information systems to drive donation and transplantation system improvement and facilitate efficient operations.**
- **Recognize, reward and cultivate performance excellence.**

2014/15 BUSINESS PLAN AT A GLANCE

2012-2015 STRATEGIC DIRECTION

Develop a sustainable end-to-end transplant system. | **Increase donation performance of GTA hospitals.** | **Increase registered donors in the inner GTA.**

	GOALS	OBJECTIVES & ANNUAL STRATEGIES			
PROGRAM	SUPPORT TRANSPLANTATION THROUGH EFFECTIVE OVERSIGHT AND COLLABORATION WITH STAKEHOLDERS.	**Develop a provincial transplant system that provides equitable access through standardized process & planning to enable better patient outcomes.**	**Achieve 67-70% TGLN conversion rate for organ donation at originally designated hospitals, 244-260 donors and 3.57 organ yield/donor.**	**Achieve 38% consent rate, 2,000-2,150 tissue donors and 300-315 multi-tissue donations.**	**Increase registered donors by 275,000 to 313,000.**
		Monitor and evaluate the new standardized provincial allocation system to ensure equitable access.	Increase the number of potential donors being reported to TGLN.	Increase the number of referrals reported to TGLN.	Partner and collaborate with ServiceOntario to optimize donor registration opportunities and maximize uptake.
		Develop and evaluate a system performance measurement and monitoring plan.	Strengthen the focus on meeting provincial benchmarks in GTA hospitals.	Collaborate with external stakeholders to promote system improvements.	Enhance media and marketing efforts to inspire Ontarians to register their consent for organ and tissue donation.
	MAXIMIZE ORGAN AND TISSUE DONATION FOR TRANSPLANTATION IN PARTNERSHIP WITH STAKEHOLDERS.	Enhance technology to support system monitoring and seamless coordination of care for transplant.	Strengthening physician support for donation in hospitals.		
		Monitor the system and implement policies in accordance with the new governance model.			Focus outreach on GTA workplaces and complete 52 drives through the Workplace Registration Drive.
		Develop and build system capacity building strategies.	Collaborate with external stakeholders to promote systemic improvements.		
	INSPIRE AND MOTIVATE ONTARIANS TO REGISTER THEIR CONSENT TO DONATE ORGANS AND TISSUE.	Develop tools to support a system wide outreach model.			Expand grassroots advocacy and community mobilization.
		Establish research partnerships to identify best practices and promote innovation.	Promote the integration of donation into quality end-of-life care.	Increasing system performance and accountability.	
		Develop Health Human Resources requirements.			
ENABLING	DELIVER HIGH QUALITY AND EFFICIENT OPERATIONS THROUGH LEADING PRACTICES IN PROCESS IMPROVEMENT, INFORMATION TECHNOLOGY AND PERFORMANCE MANAGEMENT.	Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.	Improve information systems to drive donation and transplantation system improvement and facilitate efficient operations.	Recognize, reward and cultivate performance excellence.	
		Enhance the documentation that defines TGLN's clinical-donation system.	Enhance and improve TGLN's clinical information systems to facilitate improvements in donation and transplantation.	Strengthen the performance management system and process.	
				Develop creative reward and recognition programs to visibly recognize and cultivate top performance.	
		Increase the audit function to identify gaps and strengthen processes.	Upgrade TOTAL from Oracle Forms to .NET operating system to adequately support mission critical operations.	Establish an effective career development and training program that will strengthen talent and support succession planning.	
		Deliver process improvement in targeted areas that offer opportunity to achieve greater efficiencies.	Provide robust and timely information to aid decision-making and enable public reporting.	Strengthen recruitment process to attract top talent.	
			Enhance support infrastructure to sustain mission critical information and telecommunication services.	Continue to update policies and practices to better meet needs.	

Mandate, Mission & Vision

Mandate:

1. Plan, promote, coordinate and support activities relating to the donation of tissue for transplant and activities related to education or research in connection with the donation of tissue.
2. Coordinate and support the work of designated facilities in connection with the donation and transplant of tissue.
3. Manage the procurement, distribution and delivery of tissue.
4. Establish and manage waiting lists for the transplant of tissue and for establishing and managing a system to fairly allocate tissue that is available.
5. Make reasonable efforts to ensure that patients and their substitutes have appropriate information and opportunities to consider whether to consent to the donation of tissue and to facilitate the provision of that information.
6. Provide education to the public and to the health-care community about matters relating to the donation and use of tissue and, facilitate the provision of such education by others.
7. Collect, analyze and publish information relating to the donation and use of tissue.
8. Advise the Minister on matters relating to the donation of tissue.
9. To do such other things as the Ministry may direct.

Mission:

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision:

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

Overview of Programs & Activities

TGLN's programs and services are designed to work in concert to fulfill TGLN's broad and expanding mandate and mission to save more lives by increasing organ and tissue donations and transplantations. Key programs include:

- **Provincial Resource Centre:** *24/7 Donation and Transplant Service to the Province*

The Provincial Resource Centre (PRC) is responsible for intake of organ and tissue donation referrals and facilitates donation 24/7. The PRC provides real-time case management, including: supporting health care professionals; obtaining consent for tissue donation; facilitating donor testing and screening; coordinating essential logistics; and offering organs and tissue to transplant programs and tissue banks respectively by telephone. In addition, Surgical Recovery Coordinators and Tissue Recovery Coordinators assist in the recovery of organs and enucleation of eyes respectively. The PRC operation is highly dependent on TGLN creating and sustaining customized databases, automated allocation algorithms, and real-time telecommunications that enable the time-limited and fragile end-to-end processes from donation to transplant.

- **Hospital Programs:** *Maximizing Donors in Ontario*

Hospital Programs works with the province's 60 hospitals with Level III critical care units to identify the opportunity for organ and tissue donation as a routine part of end-of-life care, implement organ and tissue donation best practices and continuously drive performance improvement to maximize organ and tissue donations. Furthermore, Organ and Tissue Donation Coordinators (OTDC) provide on-site support during donation cases.

- **Communications:** *Raising Registration, Building a Culture of Donation in Ontario*

TGLN's significant communications and public awareness efforts are focused on a single call to action: *to encourage Ontarians to register their consent to donate organs and tissue to save and enhance lives of Ontarians waiting for transplantation.* TGLN's multi-faceted approach to communications and public awareness includes social media, advertising, earned media, public relations and community relations. To promote organ and tissue donor registration, TGLN works with a broad range of partners and stakeholders including government, volunteers, health care professionals, multi-faith leaders, youth, schools and universities, corporate and not-for-profit organizations.

- **Transplantation:** *Standardizing Practice, Equalizing Access and Measuring Outcomes*

Following recommendations made by the Transplant Action Team (TAT) and the Office of the Auditor General of Ontario (OAGO), TGLN has expanded its focus to include an integrated organ and tissue donation and transplantation system in Ontario. In the coming fiscal year, TGLN will continue to develop and implement a provincial transplant system that provides equitable access through standardized processes and provincial waitlists and through the development of performance outcome measures to feed both research as well as improved pre-transplant, surgical and post-transplant practice. The execution of these initiatives is dependent on TGLN having sufficient information system resources to undertake continual and timely data collection, validation, analysis and reporting.

- **Information Systems:** *TGLN's Enabler of Time-Sensitive Mission Critical Operations*

The Information Systems (IS) group has three key areas of focus including: Application Development, Informatics and Network Services. Application Development maintains and supports TGLN's custom application databases including the TOTAL Information System and the newly purchased Donor Management System (DMS), as well the interface between them. DMS and TOTAL provide functionality to support and manage organ and tissue donation cases from referral to transplantation. Informatics supports quality and integrity of data in TGLN databases and is responsible for data extraction, analysis and

production of reports to enable decision making and public reporting. Network Services also provides services and support for non-proprietary applications to facilitate day-to-day operations, including most importantly the 24/7 mission critical information and telecommunication services required for around-the-clock PRC operations. This includes around the clock support for TOTAL and DMS, ensuring seamless service delivery for the processes related to allocation and donor management

- **Education & Professional Practice:** *Promulgating and Evaluating Best Practice in Donation*

Education and Professional Practice is accountable for developing, coordinating, implementing and evaluating targeted education programs for health care professionals and TGLN employees involved in organ and tissue donation across the province, ensuring clinical practice is compliant with accepted best practices and established standards.

- **Quality & Performance Improvement:** *Continuous Improvement and Regulatory Compliance*

The Quality and Performance Improvement program is focused on enhancing and improving services to continually meet the needs of internal and external stakeholders. Quality and Performance Improvement rigorously monitors TGLN's compliance to Health Canada's *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* and other applicable standards and utilizes proven quality methodologies and tools to identify opportunities for improvement.

- **Finance, Human Resources & Administration:** *Financial Transactions, HR Management and Government Directive Compliance*

The Finance, Human Resources (HR) & Administration department is responsible for administration of payroll and benefits; management of expenditures and disbursements and banking matters; management of facilities and insurance; handling of charitable donations; financial planning, and budgeting and reporting. These activities include continuous monitoring against all existing and new Government Directives, HR activities include aligning HR strategy to support organizational priorities and performance excellence through recruitment, orientation and on-boarding, performance management, training, HR information and metrics, and compensation. HR also develops and promulgates policies, procedures, tools and guidelines that support staff and management, and the daily operations of the organization.

Furthermore, the Finance, HR & Administration department administers the Program for Reimbursing Expenses of Living Organ Donors (PRELOD) and the Transplant Patient Expense Reimbursement Program (TPER) on behalf of the Ministry of Health and Long-Term Care.

Environmental Scan

To achieve the objectives outlined in this Business Plan, TGLN must consider the climate, stakeholders and other initiatives that may impact TGLN's work. For fiscal year 2014/15, TGLN has identified the following issues as part of the environmental scan:

- **Report of the Office of the Auditor General of Ontario on Organ and Tissue Donation and Transplantation**

In 2012, the Office of the Auditor General of Ontario (OAGO) released its follow-up report, which provided an update on TGLN's progress since the recommendations were initially published in 2011/12. The OAGO's follow-up reported significant progress in the areas of consent registration, use of kidney pumps and hospital expansion. While progress was shown for all seven key recommendations made by the OAGO, continued work is required by TGLN in collaboration with the Ministry of Health and Long-Term Care and other system partners (donation hospitals, transplant programs and Canadian Blood Services) to fulfill all OAGO recommendations which are multi-year in scope and which require most particularly significant information system related work for complete and sustainable operationalization. The OAGO recommendations will continue to heavily drive TGLN's work in 2014/15, requiring specific focused effort by information systems enablers/resources.

- **Canadian Blood Services (CBS)**

TGLN worked collaboratively with CBS to launch and operationalize the National Organ Waitlist (NOW) in July 2012. In 2013/14 work has commenced to develop and implement the Highly Sensitized Patient (HSP) registry. Work to enable interface between the Canadian Transplant Registry (CTR) and information systems in other provinces, including Ontario, and to support electronic data exchange for the launch of HSP is underway and is expected to continue into the 2014/15 fiscal year. Based on TGLN's experience with the launch of NOW and the preliminary specifications on HSP, interfacing with the CTR and sharing HSP organs nationally with other Provinces is a highly complex undertaking requiring continued and significantly concentrated work by TGLN information systems and clinical resources. TGLN is working collaboratively with CBS and other provinces to plan and implement the interface.

- **Interfaces to Support Electronic Data Exchange**

TGLN will explore opportunities and implement where appropriate interfaces between TGLN's information system and information systems of other partners such as HLA labs and e-Health for the Ontario Laboratory Information System to reduce manual data entry, thereby achieving efficiencies and improved data quality. This will require support of partner organizations and potentially resources to support the building of interfaces.

- **Public Reporting**

In 2013/14, TGLN is setting the foundation for substantial enhancement of public reporting of organ donation and transplantation indicators, including identification of indicators to track, monitor and analyze the performance of both TGLN and its partners in the donation-transplantation continuum. In fiscal year 2014/15, TGLN will continue to refine the public reporting initiative. Moving forward on public reporting will require significant support from TGLN's IS department for data validation, analysis and development of electronic tools to aid online reporting and publishing of findings. The need for public reporting was identified by the external reviews conducted by the Expert Panel and OAGO. Additionally, it is consistent to the spirit of the *Public Hospitals Act* which requires hospitals to publicly report on patient safety indicators. Public reporting will increase transparency and accountability and support TGLN's quality improvement efforts in the provincial donation-transplantation system. It is anticipated that public reporting will increase health care professional awareness and compliance; and will provide helpful information to patients waiting for transplantation.

Strategic Direction & High Level Implementation Plan

The 2012/13 fiscal year proved to be a successful year with record-breaking organ and tissue donation numbers, expansion of TGLN's role in transplantation, significant media attention on the importance of organ and tissue donor registration and implementation of a new donor management system amongst other achievements. In 2013/14 and moving into the 2014/15 fiscal year, TGLN will continue its efforts to maximize organ and tissue donation and transplantation and increase registered donors in Ontario.

TGLN's three three-year strategic priorities (2012 to 2015) as follows approved by the Board of Directors in fall 2012 will continue to drive TGLN's work in 2014/15. Each priority is identified below, with a brief statement of associated dependency on information services.

1. **Developing a sustainable end-to-end transplant system**

The strategic priorities for transplant are largely focused on reporting of data. The current system, TOTAL, has been utilized to date as a patient registry for listing patients and running organ allocation. TOTAL currently has only basic capacity and must be expanded and enhanced to support reporting of key transplant-related metrics. The status quo is high risk in terms of implementing the Expert Panel and OAGO recommendations. Without investing in information systems, Ontario will not be positioned to deliver on collecting, analyzing and reporting data on organ declines, wait-times and patient outcomes within the original time expectations contemplated by the Expert Panel, OAGO and TGLN's Three-Year Strategic Priorities, all of which have the common goal of improving the transplantation system and better meeting the needs of patients waiting for life-saving and enhancing organ transplantation.

2. **Increasing donation performance of Greater Toronto Area (GTA) hospitals**

TGLN's tactics for increasing organ and tissue donors are carefully selected, designed and continuously informed by empirical evidence provided by TGLN's information systems. Initiatives are piloted, evaluated, revised and executed on the basis of data that instructs and defends each step. Accordingly, TGLN is highly dependent on the veracity of data and the speed with which it is collected, analyzed and reported. In addition, public reporting, one of the most potent motivators of performance, is dependent on information that is shared and validated between TGLN and its hospital partners. TGLN's information systems provide a critical backbone supporting the continuous trial of new and innovate initiatives to increase organ and tissue donation in Ontario.

3. **Increasing registered donors in the inner GTA**

The ability to report relevant data to the public, including quarterly donor registration volumes by community on the BeADonor.ca website, as well as communicate daily statistics on the number of organ and tissue donors, transplants by organ, and Ontarians on the waitlist provides TGLN the opportunity to connect with the public and media in a meaningful way to encourage donor registration. Real time information, and the systems that provide it, are invaluable contributors to building a culture of donation.

TGLN's three strategic priorities were determined to have the greatest impact and influence in saving and enhancing more lives through the gift of organ and/or tissue donation for transplantation. These strategic priorities frame and provide context to TGLN's goals and objectives outlined in this Business Plan.

Similar to previous years, TGLN has proposed four overarching goals to guide its strategic direction. However, in the 2014/15 Business Plan, TGLN has differentiated goals as either (1) Program or (2) Enabling Goals, to highlight that the enabling goal supports realization of program goals and has a cross-functional impact. The 2014/15 Goals are as follows:

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- **Support transplantation through effective oversight and collaboration with stakeholders.**
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(2) *Enabling Goal:*

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For the 2014/15 fiscal year, 7 objectives are identified and similar to the goals are grouped as (1) Program or (2) Enabling Objectives:

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(2) *Enabling Objectives:*

- **Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.**
- **Improve information systems to drive donation and transplantation system improvement and facilitate efficient operations.**
- **Recognize, reward and cultivate performance excellence.**

Goals, objectives and strategies are illustrated in the *Business Plan at a Glance* (see page 14) and subsequently detailed in further (See page 15).

2014/15 BUSINESS PLAN AT A GLANCE

2012-2015 STRATEGIC DIRECTION

Develop a sustainable end-to-end transplant system. | **Increase donation performance of GTA hospitals.** | **Increase registered donors in the inner GTA.**

	OBJECTIVES & ANNUAL STRATEGIES			
GOALS	**Develop a provincial transplant system that provides equitable access through standardized process & planning to enable better patient outcomes.**	**Achieve 67-70% TGLN conversion rate for organ donation at originally designated hospitals, 244-260 donors and 3.57 organ yield/donor.**	**Achieve 38% consent rate, 2,000-2,150 tissue donors and 300-315 multi-tissue donations.**	**Increase registered donors by 275,000 to 313,000.**
PROGRAM				
SUPPORT TRANSPLANTATION THROUGH EFFECTIVE OVERSIGHT AND COLLABORATION WITH STAKEHOLDERS.	Monitor and evaluate the new standardized provincial allocation system to ensure equitable access. Develop and evaluate a system performance measurement and monitoring plan.	Increase the number of potential donors being reported to TGLN. Strengthen the focus on meeting provincial benchmarks in GTA hospitals.	Increase the number of referrals reported to TGLN.	Partner and collaborate with ServiceOntario to optimize donor registration opportunities and maximize uptake.
MAXIMIZE ORGAN AND TISSUE DONATION FOR TRANSPLANTATION IN PARTNERSHIP WITH STAKEHOLDERS.	Enhance technology to support system monitoring and seamless coordination of care for transplant. Monitor the system and implement policies in accordance with the new governance model. Develop and build system capacity building strategies.	Strengthening physician support for donation in hospitals. Collaborate with external stakeholders to promote systemic improvements.	Collaborate with external stakeholders to promote system improvements.	Enhance media and marketing efforts to inspire Ontarians to register their consent for organ and tissue donation. Focus outreach on GTA workplaces and complete 52 drives through the Workplace Registration Drive.
INSPIRE AND MOTIVATE ONTARIANS TO REGISTER THEIR CONSENT TO DONATE ORGANS AND TISSUE.	Develop tools to support a system wide outreach model. Establish research partnerships to identify best practices and promote innovation. Develop Health Human Resources requirements.	Promote the integration of donation into quality end-of-life care.	Increasing system performance and accountability.	Expand grassroots advocacy and community mobilization.
ENABLING				
DELIVER HIGH QUALITY AND EFFICIENT OPERATIONS THROUGH LEADING PRACTICES IN PROCESS IMPROVEMENT, INFORMATION TECHNOLOGY AND PERFORMANCE MANAGEMENT.	Enhance the documentation that defines TGLN's clinical-donation system. Increase the audit function to identify gaps and strengthen processes. Deliver process improvement in targeted areas that offer opportunity to achieve greater efficiencies.	Enhance and improve TGLN's clinical information systems to facilitate improvements in donation and transplantation. Upgrade TOTAL from Oracle Forms to .NET operating system to adequately support mission critical operations. Provide robust and timely information. to aid decision-making and enable public reporting. Enhance support infrastructure to sustain mission critical information and telecommunication services.	Strengthen the performance management system and process. Develop creative reward and recognition programs to visibly recognize and cultivate top performance. Establish an effective career development and training program that will strengthen talent and support succession planning. Strengthen recruitment process to attract top talent. Continue to update policies and practices to better meet needs.

OBJECTIVE 1, RELATED STRATEGIES AND ACTION PLANS

Develop a provincial transplant system that provides equitable access through standardized process and planning to enable better patient outcomes.

The Transplant Expert Panel Report and the OAGO recommendations called for an integrated organ and tissue donation and transplantation system in Ontario. TGLN has assumed full responsibility for system planning and monitoring for transplant services. In the coming fiscal year, TGLN will continue system planning and continue implementation of the strategic initiatives identified below. TGLN's focus will be on monitoring and evaluating the provincial transplant system and ensuring that it is transparent and accountable in its policies, programs and activities. This will be done through careful performance monitoring and enforcement of implemented transplant initiatives. The strategic initiatives identified below will require additional funding from the MOHLTC for the continued operation of a comprehensive transplant program.

1.1 Monitor and evaluate the new standardized provincial allocation system to ensure equitable access for all patients.

TGLN is currently working with transplant experts from across Ontario through the organ specific working groups to ensure standardization of the allocation, referral and listing criteria related to transplant for these organs. TGLN will also be working with transplant experts from across the province to support the development of a standardized allocation system for tissue transplantation. In order to ensure that equitable access to care is provided for all transplant patients, the evaluation of the standardized provincial allocation system is being planned. Having this information will be useful in facilitating future planning and inform clinical decision making. To support the evaluation process TGLN will engage with evaluation experts and hire a biostatistician to conduct the analysis in 2015/16.

A comprehensive recovery system is a key component in a standardized provincial allocation system. Currently, the eastern region lacks dedicated surgical recovery coordinators to support the recovery surgeons. TGLN has requested funding to support 1 Eastern Surgical Recovery Coordinator. In addition TGLN is requesting additional funding to develop a recovery system to support the existing hospital recovery teams and ensure no opportunities are missed for transplantation. Establishing a contingency plan for recovery system will ensure that Ontario continues to make progress in increasing the number of organs recovered and accepted (i.e. by decreasing cold ischemic time, etc.), while providing the best care in the most efficient and effective manner to both donors and transplant patients. The following priorities are planned:

- Monitor the new provincial allocation system to determine the impact on patient outcomes and hospital programs. The 2014/15 Business Plan will focus on evaluating the newly developed standardized provincial allocation system to ensure equitable access by all Ontarians to transplantation. To this end, TGLN will need to expand the information technology (IT) systems to capture all the relevant data for demonstrating whether the new system functions as it was intended when developed. Only with this data can TGLN ensure the Ministry and the public that the systems in place provide for fair and equitable allocation practices.
- Increase program transparency and accountability by initiating public reporting of hospital specific information. The current registry has a minimum data set, but does not have the capacity or capability to enable hospital-specific reporting. This will require increased investment in information services, and result in greater public information and hospital accountability.
- Support the implementation of a tissue transplantation system.
- Work with Clinical Experts to design a sustainable organ recovery system which includes collaboration with donation to create a model for a rapid recovery system for Donation after Cardio-circulatory Death (DCD).

1.2 Develop and evaluate a system performance measurement and monitoring plan to improve the quality of transplant services in Ontario.

In 2014/15 TGLN will expand its operations to support continued implementation of the strategic initiatives. TGLN has been working collaboratively with the Transplant Steering Committee, organ specific working groups, and Clinical Researchers to develop a standardized performance measurement and monitoring plan for transplant programs and patient outcomes. As the scope of the transplant work is enhanced, further resources will be required to implement, monitor and evaluate this program in a timely manner. A key element of this 2014/15 Business Plan is the development and evaluation of a system performance measurement and monitoring programs to improve the quality of transplant services in Ontario. Currently only minimal data sets are available. Without the expansion of the information systems to allow enhanced data capture, the Transplant Programs and TGLN will not be able to move this work forward.

In addition, TGLN has requested additional staff to support the development of a transplant quality program which enables the analysis of transplant performance metrics and development of quality improvement plans.

Additionally, the following priorities are planned:

- Develop and implement an auditing system to monitor validity and reliability of performance measures submitted by transplant hospitals.
- Collaborate with external partners to support the development of performance improvement plans.
- Create an evaluation and analytic framework to monitor the system.
- Hire an additional regional clinical expert liaison to ensure quality programs are supported at the local level.

1.3 Enhance technology to support system monitoring and seamless coordination of care for transplant.

It is vital that TGLN has a reliable and robust technology infrastructure to facilitate timely and accurate data collection and reporting. TGLN's TOTAL database is currently undergoing technical application changes in order to capture data from the time of referral to post transplant outcomes (See Objective 6). In 2014/15, enhancements to TOTAL will continue to be developed to ensure that a complete patient care narrative is represented. The role of enhancing technology will be expanded to include user education and support, respecting that maximizing the advantages of technological developments requires them to be utilized appropriately by stakeholder partners.

1.4 Monitor the transplant system and implement policies in accordance with the new governance model to enable ongoing system planning.

In 2013/14 fiscal year, TGLN worked with transplant system leaders to develop a governance framework. In 2014/15 TGLN will work with the Transplant Steering Committee to monitor system accountabilities to ensure system efficiencies and effectiveness in supporting the patient care along the continuum. Ontario is a leader in transplant care nationally offering types of organ transplants that are not offered in some other jurisdictions. Although this has established Ontario as a leader in transplantation, it has also created its challenges. Historically, patients from other jurisdictions have had challenges with insurance and coverage to support their care in Ontario. This has left Ontario hospitals vulnerable to financial challenges. TGLN will work with its national partners to establish policies that support Ontario hospitals in providing care to out of province patients. Integral to TGLN's governance and accountability model is its ability to build collaborative relationships with transplant partners and between centers to allow for self-governance and oversight of the system. The following priorities are planned:

- Develop a tool that enables transplant programs to self-govern and monitor hospital requirements for providing transplant care.
- Monitor and evaluate hospital accountability in accordance with their funding letters.

1.5 Develop and build system capacity building strategies

As TGLN transitions to become the primary system planner for transplant services, it has identified gaps in the current state of transplant services that need to be addressed. Most notably, there is a lack of training and infrastructure in place to support the patient along the transplant continuum. In addition, TGLN foresees capacity changes as transplant programs are mandated to align with provincial standards. The following priorities are planned:

- Develop strategies to address current system capacity challenges.
- Collaborate with transplant hospitals to ensure patients have a transitional map which includes pre and post care guidelines.

1.6 Develop tools to support a system wide outreach model that will ensure the continuum of care for transplant patients.

TGLN is identifying best practices along the patient continuum of care to ensure the province-wide system is available to address patient needs in pre-transplant, transplant, and post-transplant care. TGLN's goal is to ensure patients are supported throughout their journey by developing a model that will account for requirements at each interval of care. As transplant is a limited resource across Ontario, at times patients find themselves receiving care away from their local community and family. In developing a system outreach model, TGLN will look for opportunities to ensure that patients have the adequate pre-transplant education as well as access to post transplant care in their communities. The following activities are aimed to achieve these goals:

- Develop educational materials for public and health care professionals for pre-transplant, transplant and post-transplant care.
- Develop strategy to develop the infrastructure required to support an outreach program.
- Develop an online patient information resource centre that captures supportive documents for pre and post-transplant care.

1.7 Establish research partnerships to identify best practices and promote innovation.

TGLN has cultivated relationships with the research community to inform the development of best practices and promote innovation in transplant services. As the leader of the provincial transplant program, TGLN intends on sharing its resources to advance transplant research and innovation in Ontario. With an aim to advance knowledge in best practices and innovation, TGLN will develop networks and create formal partnerships with appropriate organizations to strengthen discourse of research in Ontario.

1.8 Develop Health Human Resources (HHR) requirements to ensure the sustainability of transplant services in Ontario.

TGLN has reviewed the operational resources and staffing requirements necessary for a transplant program to remain viable. Accordingly, TGLN will develop a plan that identifies the minimum staffing requirements for transplant program eligibility.

OBJECTIVE 2, RELATED STRATEGIES AND ACTION PLANS

Achieve 67-70% TGLN Conversion Rate in originally designated hospitals, 244-260 organ donors & 3.57 organ yield per donor.

Targets set for 2014/15 reflect the overarching mission of TGLN to save and enhance lives across the province of Ontario. In 2014/15, TGLN will continue to build synergy with system partners, towards the fulfillment of its mission. Accordingly, TGLN will look to increase physician engagement, leverage the newly implemented donor management system (DMS) in building system accountability, and a continued focus on the Greater Toronto Area (GTA). The extension of the 'mandatory notification' requirement to more

hospitals will maximize the donor potential. A summary of the 2014/15 strategies to achieve the identified conversion rate, organ donors and organ yield is outlined *below (*See *Appendix 1* for an explanation of organ donation targets).

2.1 Increase the number of potential donors being reported to TGLN.

The recommendations, from both the 2010 Report of the Auditor General and the 2009 Tissue Wait Times Expert Panel Report, to engage all Ontario hospitals with Level III intensive care units (ICU) will be fully implemented by early 2014/15. With 2 additional hospitals to begin reporting in 2014/15, the requirement for mandatory notification of potential organ donors to TGLN will be extended to 60 hospitals with Level III ICUs. All Level II units associated with these hospitals are also now required to report to TGLN.

In Ontario, there are 31 hospitals with stand-alone Level II ICU. While donation potential in these hospitals is low, it is recognized that some of these hospitals have supported donors in the past and are in a position to identify potential donors and arrange their transfer to hospitals with Level III intensive care capability. TGLN will develop a model of engagement and support for these hospitals, with a focus on the identification and transfer of potential organ donors. It is expected that TGLN will engage at minimum 14 of the 31 hospitals that have been identified for their geographic proximity to the resources necessary to support both organ and tissue donation.

Although there is a high compliance rate from hospitals in reporting patients at high risk of imminent death to TGLN, records and experience show that at times, hospitals neglect to make this call because of a lack of attention, or because of assumptions made about the potential of a donor, or the willingness of a family to consent to donation. In order to address these issues, TGLN will implement a 'mandatory request algorithm'. This algorithm was developed at London Health Sciences Centre and has been adopted for use by the province through the Donation Steering Committee (DSC). This policy requires that all families of potential donors be approached for consent to donation unless there is agreement between TGLN and the hospital that there is good reason not to do so.

Finally, TGLN will continue the work started in 2013/14 on the public reporting of donation metrics, with a goal to relay Ontario's donation performance to the public, holding hospitals fully accountable and supporting performance improvement. Public reporting of routine notification rate (mandatory referral as required by the *Trillium Gift of Life Network Act*) and conversion rate (ratio of the potential donors converted into actual donors) is expected to result in increased compliance with potential donor referrals.

2.2 Strengthen the focus on meeting provincial benchmarks in GTA hospitals.

In 2014/15, TGLN will continue to redefine and build on the work done in 2013/14 to increase the overall performance of the GTA. Some of the key initiatives in support of this include:

- Assess diversity training programs offered at Hospital for Sick Children and William Osler Heath Centre for their applicability to the needs of TGLN staff.
- Collect and analyze diversity data elements (i.e. ethnic origin, religion, mother tongue, and visible minority) of families approached for donation in order to build understanding of diverse community perspectives on donation and determine how to better approach low consenting populations.
- Pilot dedicated consent requestors and pre-approach consent coaches to enhance overall consent rate. Upon evaluation, TGLN will cost and build the dedicated consent requester model if successful.
- Implement early on-site response of Organ and Tissue Donation Coordinators (OTDCs) in select hospitals in order to support the health care team as required.

2.3 Strengthening physician support for donation in hospitals.

In 2013/14 the donation physician model was expanded through the recruitment of Regional Medical Leads (RMLs) to support education and the adoption of best practices by physicians in Ontario hospitals. The RMLs are responsible for 8 – 10 hospitals in a geographically designated area and work closely with the

Chief Medical Officer (CMO), Donation and the TGLN clinical team to educate hospital physicians and staff and support the development of the hospital donation programs.

In looking to international practices with respect to donation physician models, the next key component for TGLN to implement is the role of hospital based donation physician champion. Currently, donation physician champion roles are in place in Spain, the United Kingdom and Australia with reported success in enhancing donation outcomes. A CBS consensus conference in 2011 explored this role with Canadian intensivists (including Ontario representation); there was support for a hospital-based donation physician champion as long as the role was in support of education and best practices and not assuming care of the patient. In 2001, the Canadian Critical Care Society (CCCS) produced a position paper on Organ and Tissue Donation that recognized the important role of critical care specialists in the development, implementation and evaluation of processes aimed at increasing donation rates. Additionally, the CCCS recommended their members participate and/or lead provincial initiatives to increase organ and tissue donation rates. Accordingly, TGLN recommends the formalization of the hospital based donation physician champion as a component of the donation physician model at TGLN.

Donation physician champions are currently identified in each hospital however, this role has not been formalized and as such there are varying degrees of commitment and support to the hospital donation program. In order to acknowledge and promote commitment to the role, these roles need further definition and it is felt that a nominal stipend will be required. TGLN will work to develop the best manner of deploying these physicians across the province as well as ensuring that these positions are well integrated into the existing donation physician program. Some of the key areas to develop further include:

- Documented role profile and accountabilities
- Consultation with Critical Care Services Ontario regarding the positioning of a paid donation physician role
- Recruitment process
- Education and training program in donation best practices
- Development of funding methodology
- Development of contracts

In terms of timelines, TGLN is undertaking a limited pilot in 2013/14, will evaluate the pilot, and if appropriate proceed with detailed planning and initial recruitment initiatives in 2014/15, and progress to full execution in 2015/16.

2.4 Collaborate with external stakeholders to promote systemic improvements.

DCD continues to account for a significant proportion of Ontario donors and while this is very encouraging, DCD has limitations for families. For families, the inability to 'guarantee' that donation will proceed, after the investment of time that is required, too frequently translates into families declining to support DCD donation. Where TGLN and the hospitals can facilitate a 'rapid DCD', some families will consent because of a shorter time commitment. A 'rapid DCD' requires hospital operating room capacity and recovery team availability on short notice. TGLN will work with its donation and transplant partners to formalize this process in additional centres in order to be able to provide this option to more families.

TGLN will also work with its transplant partners to implement the practice of having 'back up' recipients readily available at transplant centres that would accept a longer warm ischemic time for kidneys than the recovering transplant program. Both of these initiatives will help to increase donors and organ yield.

The hospital Emergency Departments (ED) will continue to be an area of focus in 2014/15. Donor identification and management can be difficult given the fast pace of this environment, thus ED physicians struggle with how to balance the pressures of their work in the ED and the need to be transparent with families about next steps and TGLN's involvement. To address these challenges, TGLN is working on the following initiatives:

- In 2013/14, TGLN developed scripting for emergency physicians to bridge the gap between the family requests for imminent withdrawal of life support (WLS) and the requirement to contact TGLN in order to approach families for consent to donation. TGLN will evaluate the effectiveness of this scripting which is being piloted in select hospitals and, based on the evaluation will support the adoption of it in other hospitals.
- As highlighted above, TGLN has observed that approaching families for consent to donation in the ED is not an ideal location due to its fast pace, lack of privacy and the inability to afford families the proper time to process the prognosis of their loved ones before they are approached by TGLN for consent to donation. Some hospitals do not withdraw life support in their ED, but rather move the patient to the ICU for further assessment and then the withdrawal of life support (if this is the decision made by the family). Such an environment allows for higher quality end of life care, and with that, a better environment for approaching families for donation. Given the current pressures on intensive care beds, TGLN will work with Critical Care Services Ontario and the Emergency Department Local Health Integration Network (LHIN) Leads to develop a service and funding model for intensive care unit donation assessment services that supports the transfer of potential donors from the ED to intensive care while compensating hospitals for this service when they are past their surge capacity and until such time as the current 'deceased donor management' funding is applicable to these services. The deceased donor management funds, managed by TGLN, are in place to reimburse hospitals for the resources expended in support of organ donation. As such, this initiative to access and reimburse ICU beds for donation assessment is in alignment with the purpose of the deceased donor management funding and will be costed against this managed fund.
- In 2010, the Auditor General recommended that TGLN enhance the identification of potential organ donors through existing provincial systems, such as CritiCall, a referral service for critically ill patients, and the Emergency Neurosurgery Image Transfer System (ENITS), used to remotely view computed tomography (CT) images that can confirm brain death. In 2013/14, TGLN developed criteria for donors and a donor referral algorithm with Neurosurgery Ontario and CritiCall, in order to identify potential organ donor candidates and appropriately support referring sites. This referral practice was operationalized in the latter part of 2013/14. In 2014/15, TGLN will evaluate this referral practice to ensure that the system's potential is maximized.

Finally, TGLN will consult and coordinate with the appropriate parties to recommend amendments to the *Trillium Gift of Life Network Act* (The Act), in order to ensure that The Act is in keeping with current practices such as DCD, and that registered consent decisions are honoured by health care professionals and families

2.5 Promote the integration of donation into quality end-of-life care.

TGLN will seek to build synergy with those groups that can influence donation, at end of life such as the Critical Care Society (CCS), Critical Care Services Ontario (CCSO) and the Ontario Medical Association (OMA). TGLN will also seek opportunities to better communicate its role at end of life to the public.

OBJECTIVE 3, RELATED STRATEGIES AND ACTION PLANS

Achieve 38% consent rate, 2,000-2,150 tissue donors and 300-315 multi-tissue donations.

TGLN's targets reflect a planned increase in the number of referrals through expansion of mandatory notification to hospitals across the province of Ontario, and through continued expansion of the call screen connect strategy hospital-wide. TGLN will target system partners, where lost donation opportunities are occurring, including coroners and forensic pathologists. Additionally, TGLN will look to continue the development of a robust provincial recovery model in order to ensure families' wishes for donation are fulfilled (See *Appendix 2* for a detailed explanation of tissue donor targets).

3.1 Increase the number of referrals reported to TGLN.

Consistent with the referral strategy for organ donation, TGLN will continue with the expansion of routine reporting of deaths to TGLN from hospitals with Level III and Level II ICU. It is expected that continued growth in the number of referrals will be, in part, sustained by this expansion in addition to a continued focus on health care professional education and system accountability through public reporting.

3.2 Collaborate with external stakeholders to promote system improvements.

TGLN will develop a plan to re-direct ocular donor referrals being made directly to the Eye Bank of Canada to TGLN allowing the opportunity to approach families for consent to multi-tissue donation (i.e. bones, skin, heart valves). There will also be continued work with tissue banks to enhance the recovery capability of the new provincial multi-tissue recovery teams established in 2013/14.

In 2013/14 TGLN initiated a process to assess and make recommendations for the provision of a robust provincial system for tissue donation, tissue banking and tissue transplantation. Working with the Ministry of Health and Long Term Care (MOHLTC), planning began using eight guiding principles. The tissue system will:

- Include end-to-end processes, i.e. those required for donation, processing and distribution, and transplantation.
- Include only those tissue processing/distribution facilities that are provincial-wide service providers.
- Seek a cost recovery system.
- Be planned in stages and implementation will proceed in phases as agreed with the MOHLTC.
- Aim for minimum capital investment in at least the first stage of implementation.
- Be patient/family-centered.
- Maximize Ontario taxpayers' value for money.
- Preserve the opportunity for a national system and/or alternate service providers.

It is expected that this plan will provide direction on the following areas of the tissue system.

- Market research of tissue users to support system planning
- Tissue donation and recovery
- Tissue processing, inventory management, distribution and traceability
- Tissue demand forecasting and capacity planning
- Information technology and reporting system requirements
- Tissue allocation and transplantation
- Governance and accountability model

At this time, the results of the redesign engagement are not available. It is expected that in 2014/15, key components of the system will be recommended for redesign with the funding requirements being identified at that time.

Further, in 2014/15 TGLN will continue its work with provincial coroners and forensic pathologists to identify potential tissue donors in the home setting where TGLN can approach for consent and recover tissue in a timely manner. Furthermore, TGLN will continue to advocate for coroners to streamline the process of coroner investigation, and to decrease restrictions placed on tissue donation. While there has been success in working collaboratively with coroners, there are still challenges in respect of cases being blocked or certain tissues being restricted.

3.3 Enhance system performance and accountability.

In line with strategic priorities and tactics identified for organ donation, increased attention and focus will, in particular, be placed on GTA hospitals, given that consent rates for both organ and tissue are lower in the GTA than elsewhere in the province. In 2013/14, tissue donation performance was publically reported across Ontario, along with organ donation performance. Routine notification (or mandatory referral) of all deaths will continue to be publicly reported in order to ensure this remains a priority for all hospitals.

Additionally, quarterly tissue rounds with clinical staff will be introduced in order to highlight cases where there is the potential to re-enforce best practices and enhance performance across the system.

Another area of opportunity will be to provide tissue banks with tissue acceptance and decline data on a monthly basis in order to better understand the reasons behind declines and ensure commitment to recovering all suitable tissue. Information will be provided to tissue banks utilizing the data provided in TGLN's donor management system that went live in 2013/14.

OBJECTIVE 4, RELATED STRATEGIES AND ACTION PLANS

Increase registered donors by 275,000 to 313,000.

TGLN has developed a comprehensive communication plan which describes TGLN's strategic direction to increase registered donors by 275,000 to 313,000 in fiscal year 2014/15. TGLN has outlined its strategies and high level activities to achieve this objective in the *Integrated Marketing Communication Plan* (see page 42). An explanation of the target increase in registered donors is also detailed in *Appendix 3*.

OBJECTIVE 5, RELATED STRATEGIES AND ACTION PLANS

Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.

TGLN will enhance and sustain the quality management system which supports continuous quality improvement and the meeting of quality standards. Towards the goal of being recognized as a quality-focused organization, TGLN understands that further development and refinement of its quality system will be ongoing. Further, TGLN recognizes that quality systems need to be implemented across the entire organization, in order to achieve the benefits and efficiencies of improved program delivery.

TGLN's quality management system is comprised of two main features: compliance to quality standards, and continuous improvement. The strategies and action plans for 2014/15 delineate the on-going building of the quality foundation and the improvement of targeted TGLN processes. TGLN will maintain its compliance to Health Canada's *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* while seeking ways to drive on-going improvement and efficiencies in its service and program delivery. Strategies and high level actions for 2014/15 are highlighted below.

5.1 Enhance the documentation that defines TGLN's clinical-donation system.

TGLN will continue the development and enhancement of process documentation to meet clinical quality system framework needs, using the ISO 9001 standard as a reference. Compliance with quality system procedures and process instructions will emphasize process consistency and ongoing improvement.

5.2 Increase the audit function to identify gaps and strengthen processes.

Annually, the quality department conducts an organization-wide internal audit of its donation processes, as well as external audits of each of its organ recovery groups and laboratories. In 2014/15, the quality department is planning to increase the number of targeted internal audits for clinical donation to include the detailed functions of OTDC, Clinical Services Coordinators (CSC), Surgical Recovery Coordinators (SRC) and Tissue Recovery Coordinators (TRC). Through these functional audits, potential process gaps may be identified which will need to be resolved to further strengthen our donation processes. In addition, in 2014/15, the quality department will be initiating data/process audits for clinical-transplant to verify the compliance between the recipient's hospital chart and the records found within TOTAL. This audit process will enable the transplant system to identify gaps in pre-transplant and post-transplant care of recipients.

Examples of pre-transplant care audits would include time from referral to assessment for transplant, time from assessment to being wait listed, and reason for being placed on 'hold' among others.

5.3 Deliver process improvement in targeted areas that offer an opportunity to achieve greater efficiencies.

In the current environment of requiring greater results with the same or few resources, TGLN continues to identify opportunities to make its program delivery more efficient and effective. For 2014/15, focused sessions will be conducted to identify and prioritize the potential opportunity areas. Other improvement projects will be identified and prioritized throughout the year.

OBJECTIVE 6, RELATED STRATEGIES AND ACTION PLANS

Improve information systems to drive donation and transplantation system improvement and facilitate efficient operations.

Sufficient information system staff resources has become the "critical success factor" for TGLN to meet its program objectives related to improved patient access and outcomes, efficient and effective system performance, as well smooth operation of mission critical services.

Without investment in information system resources, TGLN is at risk of not being positioned to fully and completely implement the Auditor General recommendations, which are heavily dependent on information system related changes. While TGLN has many of the technological tools, it requires staff resources to improve custom clinical information systems and to efficiently use available technology, including the data warehouse and reporting tools, to deliver organizational results and to fulfill expectations and commitments.

Key deliverables including implementation of multi-year recommendations of the Auditor General to improve the donation and transplantation system in Ontario; Ontario's participation in the national highly sensitized patient registry; TGLN's transplant strategy; and public reporting to improve system performance and accountability, are all reliant on robust information systems. To facilitate efficient operations without disruption, data exchange between information systems, as well as collection, sharing and reporting of data to measure patient outcomes and system performance, TGLN's information systems resources need to be substantially enhanced.

TGLN's clinical operations and services have grown rapidly over the last few years, however, TGLN's information systems staffing has not kept pace with this growth. Significant investment in staff resources in information systems is essential for TGLN to successfully implement donation and transplantation objectives in a timely manner. Without this investment, system improvement and change is at risk. At present, TGLN's information systems have three key areas of focus:

I. **Application Development** to support changes and enhancements to TGLN's custom clinical information system, referred to as TOTAL, maintain and support TGLN's new vendor supported Donor Management System (launched in April 2013) and build web interfaces between TGLN's information systems and other external partners to facilitate data exchange. There are two particularly critical and high risk elements of work in application development.

   Firstly, the development of applications that will enable implementation of the OAGO and Expert Panel recommendations cannot be completed without concentrated and continual effort by dedicated IS staff. The current application development resources are those that TGLN had prior to transplant becoming an integral part of TGLN's mandate and before TGLN and its transplant partners had achieved the first phase of designing an integrated provincial transplant system. A larger team of application developers will be needed to move this forward.

Secondly, TGLN's clinical information system, TOTAL, implemented in 2006, is built on what is now an outdated application development platform. The risks of maintaining this outdated technology are substantial. Given TGLN's current long-list of complex application development projects, this presents significant risk to TGLN's progress.

II. **Informatics** to support quality and integrity of data in TGLN databases, extract data and create reports and dashboards to aid monitoring, reporting and decision-making. Enhanced opportunity for valuable decision- support data is available to TGLN and its stakeholders on a daily basis through the new DMS, implemented in April 2013. Capitalizing on this opportunity to capture a much more comprehensive set of donation case data requires significant additional data mining resource effort to revise and devise new reporting indicators. The DMS system and TOTAL are integrated and must align to facilitate the donation process. There are major enhancement projects in queue for TOTAL, and there are multiple enhancement releases annually to the DMS system that will drive reporting that is of substantial value to TGLN and the organ and tissue donation and transplant communities. Additionally, the enhanced public reporting initiatives in donation and transplant initiated in 2013 will continue to expand, requiring more extensive and rigorous data validation and verification processes between TGLN's informatics and clinical teams and Ontario hospitals.

III. **Network Services** to maintain and support 24/7 operation of TGLN's mission critical information and telecommunication systems and ensure redundancy to minimize disruption to services and loss of data in the event of uncontrolled failures. The Network Services team is responsible for the deployment, administration and maintenance of TGLN's information technology equipment and the provision of round-the-clock real time support to TGLN staff and external users of TGLN's information systems (e.g. HLA and serology labs, transplant programs). The numbers of TGLN staff and associated equipment supported by Network Services has grown significantly since TGLN came into operations in 2002 (see table 1 below), and especially over the past 3 years. However, the complement of IS staff has not grown since 2003, remaining at 3.0 FTEs. TGLN's particular vulnerability is in adequately supporting Ontario's Provincial Resource Centre's 24/7/365 operations as the volume of case activity has grown, with the particular challenge of coverage after regular business hours, weekends and holidays. Additionally, Network Services supports mission critical business continuity for donation operational services dependent on the phone system, TOTAL, internet for DMS, email and mobile tools. The current breadth and depth of TGLN's mandate have combined to create huge demand for 24/7/365 network support.

Equipment	2013	2003
Servers	105+	less than 20
Desktops/Laptops	180+	less than 50
Desktop Phones	100+	less than 30
Staff (full-time, part-time, casual, on-call, etc.).	221+	less than 50

Table 1: Comparison of TGLN's equipment requirements in 2003 versus 2013.

TGLN will require significant funding from the Ministry to expand staff capacity in all three areas to implement the strategies delineated below. This will enable TGLN to successfully achieve its objectives related to organ and tissue donation and transplantation, which have become increasingly dependent on information system based solutions.

6.1 Enhance and improve TGLN's clinical information systems to facilitate improvements in donation and transplantation.

TOTAL, TGLN's custom information system, requires enhancements and changes to implement improvements related to patient access, patient safety, service delivery and facilitate public reporting of organ and tissue donation and transplantation performance. Planned changes to TOTAL in 2014/15 are outlined in Table 2. Other areas of focus include:

- Increasing and enhancing data exchange between TOTAL and other information systems through building of web service interfaces. TGLN will build web service interfaces with:

- CBS' Canadian Transplant Registry to facilitate Ontario's participation in the Highly Sensitized Patient Registry so that Ontario's highly sensitized patients can have increased access to kidney transplantation.
- HLA Labs to reduce data entry by HLA labs and eliminate requirement for TGLN to semi-annually align and update the HLA data dictionary in TOTAL with national HLA dictionary changes, a very time consuming process.

- *Implementing performance enhancements through end-to-end testing with all external facing* partners, including transplant programs and HLA labs to ensure that external partners when connected to TOTAL are working in an optimal environment.

6.2 Upgrade TOTAL from Oracle Forms to .NET operating system to adequately support TGLN's mission critical operations.

At present, TOTAL is operating within an out-of-date and effectively unsupported version of software. TGLN can no longer delay the upgrade to a cost effective and industry standard system, given the increased risk as follows:

- Critical failure in the software application, which is no longer vendor supported, would cause serious disruption to TGLN's mission critical clinical operations, including organ allocation, facilitated through TOTAL.
- Enhancements and changes to TOTAL are limited by dated software functionality and take much longer to implement.
- Market resources with dated software programming knowledge are limited and pose a challenge when TGLN is recruiting programmers.

TGLN is proposing a two and a half year plan, beginning in 2014/15 to migrate TOTAL to a newer technology As such, TGLN is seeking additional base funds for a three year period only to support the migration effort.

6.3 Provide robust and timely information to aid in evidence-based decision-making and enable public reporting of validated and high quality data.

To support program objectives, continued work to improve data validation process, reports and dashboards to support public reporting for organ and tissue donation and transplantation is required in 2014/15. Additionally, this will also entail continued development and implementation of TGLN's data governance strategy and related processes to improve data quality.

6.4 Enhance support infrastructure to sustain mission critical information and telecommunication services.

High-level activities in support of this strategy include:

- Make improvements to the core network connectivity infrastructure to allow for a more robust high availability environment to protect access to critical information systems and services.
- Provide on-site information systems support to TGLN's 24/7 Provincial Resource Centre, off-site clinical staff and external partners accessing TOTAL to support timely troubleshooting, smooth clinical operations after business hours and minimize disruption.
- Assess and plan for efficient deployment and maintenance of the end-user access technology and devices to provide for robust end-to-end access availability.

OBJECTIVE 7, RELATED STRATEGIES AND ACTION PLANS

Recognize, reward and cultivate performance excellence

Fostering performance excellence among staff is essential for TGLN to successfully achieve its objectives. Successful planning and execution of new initiatives and program expansion is labour intensive. TGLN heavily relies on the deep expertise of its professional staff. Job postings that require high skill level have become increasingly challenging to fill and involve a lengthy recruitment process. Also, turnover among staff, particularly top talent with deep levels of knowledge may considerably compromise TGLN's productivity.

TGLN requires highly motivated and exceptionally engaged staff performing at full potential. Focus on performance excellence contributes to increased job satisfaction and engagement and aids succession planning. It is a "win-win" proposition for both the organization and employee.

In 2014/15, TGLN will continue to recognize, reward and cultivate performance excellence through multi-facet strategies as identified below.

7.1 Strengthen the performance management system and process.

TGLN will build on the improvements made to performance management in 2012/13 by continuing to automate and develop new features within the performance management system. The goal is to support a streamlined and robust performance management system.

TGLN will also focus on training managers in order to improve the quality and consistency of performance reviews. The desired result is an alignment between employee-specific work objectives, department work plans and organizational goals and objectives.

7.2 Develop creative reward and recognition programs to visibly recognize and cultivate top performance.

Working within the constraints of government directives and operating budget, TGLN will explore implementation of a wide variety of tactics to foster both team and individual performance.

7.3 Establish an effective career development and training program that will strengthen talent and support succession planning.

In 2014/15, TGLN will continue to develop processes to identify top talent and talent potential through performance reviews and management feedback. In addition, top performers will be assessed against future staff positions and, where appropriate, coaching, mentorship and professional development opportunities will be provided to facilitate career development and succession planning. An example of this type of program is a "shadow for a day" opportunity. Selected top talent can shadow members of the management team to learn the potential requirements and expectation for these roles.

By focusing on succession planning, opportunities will be enhanced for employees, staff morale will improve, staff engagement will improve and the employee will likely feel that their job has been enriched. Additionally, by focusing on cross training, business continuity risk will be reduced if an employee leaves the organization.

7.4 Strengthen recruitment process to attract top talent.

In order to attract and retain top talent, TGLN will need to ensure that TGLN's compensation is market competitive. Furthermore, in addition to having a competitive compensation structure, TGLN plans to use creative "non-financial" measures to attract "mission fit" employees and improve recruitment time to hire.

7.5 Continue to update HR policies and practices to better meet organizational and staff needs.

TGLN will continue to revise and develop new HR policies and procedures to meet applicable legislation, best practices and the organization's evolving needs. TGLN will also focus on automating appropriate tools to streamline and improve its processes.

Risk Assessment & Management

TGLN conducts an annual risk assessment to identify potential risks that may impact its ability to realize its objectives, strategies and high-level activities. The risk assessment is completed and submitted per the Agency Establishment and Accountability Directive (AED) risk assessment template. The annual risk assessment and management process identifies and assesses risks in accordance with the Ontario Public Service (OPS) risk categories, as delineated below:

Broad Risk Category	Detailed Risk Category	Definition
Strategic	Strategic/Policy/Performance Risk	Risks related to implementing new policies or changes to existing policies. The risk that strategies and policies fail to achieve required/targeted results. The risk of not providing value for money or cost-effectiveness.
	Political Commitment Risk/Stakeholder and Public Perception Risk	The risk of not meeting publicly announced commitments made to meet/further the government's objectives. This could include platform and mandate letter commitments.
Accountability/ Compliance	Governance/Accountability/Organizational Risk	The risk that organization's structure, accountabilities, or responsibilities are not defined, designed, communicated or implemented to meet the organization's objectives and/or that culture and management commitments do not support the formal structure.
	Legal/Contractual Compliance Risk	Risks related to potential cost of complying with a legal or contractual agreement, or of litigation against government. The risk that a government initiative or action will contravene a statue, regulation, contract, MOU or policy.
	Controllership/Accounting Risk	Risks related to the reliability of reporting or a change in accounting.
Operational	Program Caseload/Utilization Risk	The risk of a change in demand for services or entitlements or increased claims/caseload that cannot be deferred. This assumes no policy or legislative changes.
	Service/Operational Risk	The risk that products or services will not get completed or delivered to quality standards or in a timely manner as expected, for reasons not related to caseload. This includes business continuity risk.
Workforce	Ontario Public Service Workforce Compensation Pensions Risk	Risks related to OPS binding wage settlements, existing contracts or minimum negotiation mandate.
	OPS Workforce/Skill Shortage Risk	Risks related to skill shortage; specialized staff skills not available
	Broader Public Sector (BPS) Compensation	Risks related to binding BPS wage settlements, BPS anticipated negotiations
	Broader Workforce Risk	Risks related to not having staff available to complete tasks

I.T. and Infrastructure	Information & Information Technology Risk	The risk that information produced or used (e.g. performance data) is incomplete, out-of-date, inaccurate, irrelevant or inappropriate to disclose. The risk that information or other technology does not support business requirements, and/or does not support availability, access, integrity, relevance and security of data. This includes business continuity risk.
	Capital Project Delays	Risks relating to changes in construction costs and/or project delays. Risk related to new projects.
Other	Other Risks	Risks that do not fit in any of the above categories.

Human Resources

TGLN has identified an objective and corresponding strategies related to Human Resources (See Objective 7). Additionally, in support of this Business Plan an organizational chart and staff numbers have been included to reflect how TGLN is structured and where further personnel resources are required to meet its goals (See pages 49 and 50).

Information Technology/Electronic Delivery

As highlighted throughout this Business Plan, TGLN is reliant on having sufficient information system staff to successfully meet the organization priorities related to organ and tissue donation and transplantation, specifically:

- Implementation of Auditor General recommendations;
- Launch of the national HSP registry in Ontario;
- Public reporting of organ and tissue donation and transplantation performance to improve system performance and accountability;
- Improvement in patient safety and patient outcomes; and
- Efficient service delivery.

All of the above initiatives require significant work by IS related staff to complete which will require a significant investment in IS related capacity and resources at TGLN. These initiatives are outlined in more detail under Objective 6 (See page 23).

Initiatives Involving Third Parties

Collaboration and partnership between TGLN and stakeholders within the organ and tissue donation and transplantation community and the Ontario government is essential to successfully achieve TGLN's objectives. TGLN has identified the following third parties where partnership is integral to implementing the strategies and actions set out in the 2013/14 Business Plan.

1. Steering Committees – In response to OAGO and TAT recommendations the following committees have been struck to support TGLN's work: Donation Steering Committee, Transplant Steering Committee, and Organ Specific Working Groups. Membership of these committees includes representation from donation hospitals (physicians, nursing and administration), transplant programs, tissue banks, etc. These committees are important influencers of TGLN's work and ensure strong relations between TGLN and its key stakeholders.

2. Transplant Programs – In the coming fiscal year, TGLN will continue its work to develop a comprehensive provincial transplant system. TGLN will work closely with provincial transplant programs to ensure that their needs are met through the TGLN's initiatives.

3. Canadian Blood Services – As outlined in the *Environmental Scan* (See page 10) and in support of key initiatives, TGLN will work with CBS on organ and tissue donation and transplantation issues that are national in scope. In 2014/15, TGLN will continue to work collaboratively with CBS and other provincial Organ Donation Organizations towards implementation of the HSP registry and on-going monitoring of the operational implications associated with HSP.

4. ServiceOntario – ServiceOntario is a key partner for TGLN to increase organ and tissue donor registrations. A significant portion of the donor registration process is outside of TGLN's direct control and is managed by ServiceOntario. TGLN works collaboratively with ServiceOntario and the Ministry of Health and Long-Term Care to optimize donor registration opportunities and maximize uptake of donor registration through all three registration channels: in-person, online and mail. A wide variety of initiatives are being planned for implementation in 2013/14 to improve donor registration performance at ServiceOntario centres and drive more registrations through the online channel.

In 2012/13, TGLN entered a funding relationship with ServiceOntario providing funds for donor registrations through expansion of the donor registration ask as part of driver's licence renewals and Ontario photo card applications. This funding relationship will continue and potentially be expanded as new initiatives to increase donor registration are implemented.

5. Other Key Partners – In addition to the aforementioned, as identified throughout the Business Plan, other stakeholders that are integral to TGLN's initiatives include: Critical Care Society (CCS), Critical Care Services Ontario (CCSO), the Ontario Medical Association (OMA) and other stakeholders as described throughout this Business Plan.

Furthermore, in addition to the aforementioned initiatives involving third parties, TGLN has entered into formal (data sharing, service level and/or funding) agreements with these partners:

- Ornge
- RegenMed
- ServiceOntario
- Institute for Clinical Evaluative Sciences (ICES)

Communications Plan:
Integrated Marketing Communications Strategy 2014/15

OBJECTIVES

Business: Strategic Focus and Priorities

In 2012, the TGLN Board of Directors approved three key areas of strategic focus to support efforts to plan, promote, coordinate and support organ and tissue donation and transplantation across Ontario. The strategic priority related to TGLN's public awareness mandate for the next three years (2012- 2015) is to:

Significantly increase the number of registered donors in the "inner Greater Toronto Area" (including Toronto, Mississauga, Brampton, Vaughan, Richmond Hill, Markham, Pickering and Ajax).

TGLN has set an ambitious target to reach 1,000,000 registered donors in the inner GTA in 2015, an increase of 89 percent, bringing the registration rate in this region in line with the provincial average.

The target increase in registered donors for Ontario in 2014/15 is set at 275,000-313,000.

CONTEXT

General Background

- At March 31, 2013, 23% of eligible Ontarians were registered as organ and tissue donors.
- At present, 1,500 people across the province are waiting for an organ transplant and one will die every three days due to the lack of suitable, available organs for transplant.
- Registration saves lives. Families and/or next-of-kin give consent for organ donation with evidence of their loved one's registered consent. Without this evidence, consent drops to approximately 50%.

Registration is easy with three available ways for Ontarians register:

1. **In-person**: Customers are asked to register while conducting health card related transactions at ServiceOntario (SO) locations. Donor registration forms and brochures are included in health card renewal and conversion notices to maximize opportunity. In 2012/13, the donor registration "ask" was expanded to include driver's license renewals and Ontario photo identification (ID) card applications.

2. **By mail**: Donor registration forms and a prepaid return envelope are included in the driver's license carriers.

3. **Online**: TGLN through its advertising, social media, earned media and community outreach activities drives registration through the online channel via the beadonor.ca website. Both the beadonor.ca website and SO's online donor registry are optimized for smart phones. Through the online channel, Ontarians can also check and change their registration status.

Almost 20% of registrations come through the online channel. TGLN is working to grow the share of registrations that come through the online channel.

GTA Focus and Key Research Findings

- Currently, 3.8 M or 42% of Ontario's non-registered population reside in the inner GTA. The inner GTA represents an area of the province with the lowest donor registration rate at 14% and largest non-registered population and therefore an area of the province with the greatest opportunity to increase donor registration. Poor donor registration performance in this region impacts the entire province.
- To aid TGLN's efforts to boost donor registration rates in the inner GTA, in 2012/13, TGLN commissioned public opinion research.
- Key research findings include the following:
  - Just over a quarter of inner GTA residents (non-registered population) are willing to register. Easy to convert groups including those who "definitely would register" and those who "mistakenly believe they are registered" have shrunk. Those who "probably would register" make up the largest pool of potential registrants.
  - 31% of potential pool would consider registering if they felt truly appreciated.
  - Among those willing to register, there doesn't appear to be any urgency to act.
  - Key reason for not registering is that organ and tissue donation is not top of mind and is not a relevant issue for most Ontarians.
  - There is a lack of knowledge and understanding of the donation system which can breed fear and contribute to indecision
  - Another barrier to registration is discomfort with the topic of death/dying
  - Most common myth related to donor registration is that doctors won't work as hard to save a life of a registered donor
  - Once aware of the topic of organ and tissue donation and its issues three key areas of messaging seemed to resonate with those willing to register:
    (i) Positive outcome of donation
    (ii) Consequences or impact of inaction
    (iii) Reciprocity – knowing you are willing to accept an organ means you should be willing to register as a donor

TARGET AUDIENCE

Primary

GTA residents willing to register, with the largest cohort being those who "probably would register"

- Demographic characteristics of those willing to register include eligible Ontarians aged 16-54 in the inner GTA, further segmented to include:
  - 34-44 age group
  - Household income of approximately $60 000 and above
  - Post-secondary education – (College or University); and
  - Youth, 16-24 years of age

Secondary

Canadian-born and long-term Ontario residents of South Asian origin (India, Pakistan, Sri Lanka & Bangladesh) within the GTA

STRATEGIC FOCUS

The following four strategies build on TGLN's successes and create a seamless, integrated, and comprehensive communications strategy, with a long-term view.

1. **Partner and collaborate with ServiceOntario (SO) to optimize donor registration opportunities and maximize uptake.**

2. **Enhance media and marketing efforts to inspire Ontarians to register their consent for organ and tissue donation.**

3. **Focus outreach on GTA workplaces and complete 52 drives through the Workplace Registration Drive program.** Introduce employees to the organ and tissue donation and transplantation and the benefits of registration, providing tools for workplaces to easily run registration drives.

4. **Expand grassroots advocacy and community mobilization efforts, with a focus on:**
   - Support 250+ active volunteers and 400+ community events ensuring advocates/organizations are equipped with information required to attract and move their communities to action. Focus on the GTA, without losing momentum and support built over time across the province.
   - Facilitate community mobilization through outreach with service clubs, community leaders, those affected by organ and tissue donation and transplantation and by promoting donor registration through a TGLN speaking tour.
   - Build on the successful youth strategy focused on engaging 16-19 year olds through the High Schools Outreach Initiative including independent schools within the GTA.
   - Enhance engagement with the South Asian community.

SWOT ANALYSIS

Strengths
- Registering consent online is very easy and widely accessible (via Internet, even Smartphone)
- TGLN is affiliated with a passionate group of advocates (recipients, donor families) with compelling personal stories
- TGLN has enjoyed strong media relationships, which have helped with media relations activities; organ and tissue donation was recognized as one of the top 5 media stories of 2012/13

Weaknesses
- Organ and tissue donation is not top of mind for most Ontarians and awareness of the cause remains very low
- There is no perceived urgency to register by Ontarians
- Prevalent misconceptions and skepticism exists about organ and tissue donation (with unique challenges among diverse cultural/religious communities)
- TGLN faces competition for attention from a wide variety of health-related issues which are much more pervasive and affect many Ontarians, and whose organizations have larger marketing budgets available from fundraising activities.
- Current legislation hampers the ability to share personal stories without contravening privacy laws

Opportunities
- Localized data on registration allows TGLN to speak to audiences on a macro and micro level, with tailored messages relevant to the provincial, local or regional population groups
- Workplace registration drive program creates another cost effective avenue to increase donor registration
- Expanded opportunities for registration through SO, including the mandatory conversion of red and white card holders and other initiatives proposed by TGLN
- Among the culturally diverse populations in the GTA, the South Asian community shows potential to build support for donor
- Significant and engaged social media audience willing to share messages with their networks

Threats
- Discomfort with topic of death, fear, trust issues and superstitions impede donor registration which are hard to counteract
- Significant portion of the donor registration process lies outside TGLN's direct control. Changes in SO, such as planned privatization, and recent decision to offer driver's licence renewal through the online channel (effective August 2013) may reduce and/or weaken opportunities for donor registration

- Continued provision of one-time funding by the Ministry to TGLN to support communication initiatives that must be sustained in order to improve donor registration results

STRATEGIC APPROACH AND HIGH LEVEL TACTICS

STRATEGY 1: Partner and collaborate with ServiceOntario (SO) to optimize donor registration opportunities and maximize uptake.

AUDIENCE

- **SO staff at public and private SO centres within the GTA**, key partners in making the organ and tissue donor registration ask and registering customers.
- **SO customers (general public)** visiting SO centres to conduct health card related transactions, renew their driver's licence, or apply for an Ontario identification card

APPROACH

- A significant portion of the donor registration process lies outside TGLN's direct control. To maximize donor registration uptake at SO locations, TGLN, SO and MOHLTC need to work collaboratively to optimize registration opportunities available through all three channels: in-person, mail and online.
- Also changes to current processes need to be planned and discussed proactively to reduce the potential impact on the ability to register or check registration status. This includes ensuring that data entry of mailed-in donor registrations forms is timely, TGLN is advised of scheduled outages to online donor registration in advance and that TGLN is consulted in advance of any decisions that may impact donor registration
- TGLN, SO and MOHLTC continue to collaborate through a joint TGLN/SO Steering committee and working groups to drive implementation of tactics to optimize and increase uptake of donor registration.

HIGH LEVEL TACTICS

TGLN in collaboration with SO and MOHLTC intends to implement new initiatives, expand existing initiatives and continue with current initiatives that have proven to be successful in 2013/14 to optimize donor registration opportunities and increase uptake of donor registration through all available channels.

New in 2014/15:

- Continue to add online opportunities for donor registration in SO online transactions.
- Survey the 47 GTA SO sites visited by TGLN in 2013/14 as part of its recognition visit tour to assess the value to SO customer service representatives (CSRs) and consider expansion of this outreach further, to high volume transaction sites outside of the GTA to re-emphasise the value of partnership.
- Assess the impact of the 2013/14 decision to refine the donor ask from two to one question, while also assessing the need for further support to increase CSR confidence to make the ask at every appropriate transaction.
- Demonstrate TGLN's commitment to the SO partnership through recognition events/.
- Review registration response through conversion of red and white health cards to photo health cards, and strengthen the opportunity to register consent for organ and tissue donation during the conversion process.
- Refresh current organ and tissue donor registration messaging in SO centres with visually appealing, content-relevant information in 291 SO sites across Ontario. Additionally, continue to explore new opportunities for visual cues on CSR counters, wall space or with dedicated organ and tissue donation displays, ensuring easy access to donor registration information.
- Provide CSRs with a unique customer engagement tool during "beadonor month (April)" and periodically throughout the year to raise on-site visibility and interest in OTD and further prepare customers for the donor registration ask (e.g. nametag dangler, t-shirts).

Current/expanding initiatives in 2013/14 and beyond:

- Work with SO training team to ensure that organ donor registration training is on message and provided on a regular basis, keeping it top of mind for SO frontline staff.
- Continue to send a formal letter to youth turning 16 years old annually in Ontario (to be implemented in 2013/14), informing them of the new opportunity to register as an organ and tissue donor.
- Continue to provide information brochures and Gift of Life Consent forms for inclusion in driver license renewal notices, a direct mail tactic that continues to yield a positive response.

STRATEGY 2: Enhance media and marketing efforts inspiring Ontarians to register their consent for organ and tissue donation.

AUDIENCE

- As per **TARGET** (see page 43).

APPROACH

- Media and marketing strategies build from year to year, changing with the dynamic needs of the environment. Activities below are multi-year strategies that have been tested to resonate with audiences who are likely to register.
- The integrated media and marketing strategy includes traditional media relations, social media (Facebook, Twitter and LinkedIn, YouTube), public relations, earned media and paid advertising initiatives.
- After several years of using a wide variety of marketing tactics, it has become clear that the sporadic timing and short time in market is not optimal. A more comprehensive, longer-term, sustainable and well-timed strategy will generate stronger donor registration results.

HIGH LEVEL TACTICS

- Develop and implement a sustained paid advertising and social media campaign with messaging that resonates with the new cohort of potential registrants, those who "probably would register", based on inner GTA research findings.
- Build on current social media strategies to engage general public, leverage advocate support, influence those likely to register, further engage and encourage "fence-sitters," capitalising on the tested strength of Search optimisation, Facebook and Twitter, while exploring new avenues to engage key GTA communities.
- Expand implementation of the quarterly earned media relations plan highlighting donor registration progress and trends, and pursue opportunities to increase exposure in new GTA community and ethnic media through use of local content including advocate stories and activities.

STRATEGY 3: Focus outreach on GTA workplaces and complete 52 drives through the Workplace Registration Drive program. Introduce employees to organ and tissue donation and transplantation and the benefits of registration, providing tools to workplaces to easily run registration drives.

AUDIENCE

- Inner GTA workplaces with more than 100+ employees and with a provincial footprint.
- Workplaces in the GTA and across Ontario which although small in size may offer a strategic advantage and spur other workplace donor registration drives.

APPROACH

- Workplaces provide a significant opportunity to reach large numbers of employees at their desks in a finite space of time, where accurate messages can be shared in a controlled environment and registration can be quickly completed through beadonor.ca.

- Professional, higher income, educated individuals have been confirmed through recent research to be more willing to register.

HIGH LEVEL TACTICS

- Build upon and refine outreach tactics to fast track uptake and create a steady stream of donor registration drives across a broad and diverse set of workplaces within the public and private sector, membership organizations, colleges and universities with a focus on the GTA. TGLN with its user friendly and customizable tool kit will continue to provide advice and tools to support in order for workplaces to successfully implement online donor registration drives.
- Further increase the impact of each registration drive using beadonor.ca and social media to highlight achievements and creative tactics used to generate excitement and increase registrations. Offer additional media relations support to organizations who would like to celebrate their success and/or challenge their peers to run their own drives.
- Continue to seek appropriate speaking/engagement opportunities for the CEO to raise the TGLN profile and to introduce the Workplace initiative, focusing initially in the GTA, and then broadening the focus across Ontario. Examples include health-related industry associations, industry bodies, conferences and community events.

STRATEGY 4: Expand grassroots advocacy and community mobilization.

AUDIENCE

- As per the **TARGET** outlined on page 43.

APPROACH

- **Volunteers:** TGLN volunteer engagement has transitioned away from organization-led initiatives requiring volunteer support to grass-roots activism leveraging the currency of an advocate's personal experience with donation/transplantation and their relationship to the community. Advocates will continue to be trained as community leaders empowered with TGLN outreach tools to self-identify outreach opportunities and community touch points to increase organ and tissue donor registration.
- **Community Mobilization**: Recent research in the inner GTA revealed that GTA residents have lots of questions about organ and tissue donation and donor registration which if addressed credibly through TGLN spokespersons, community leaders and other key influencers, could help in spurring donor registration
- **Youth**: Research conducted in 2008/09 indicates that youth are easily motivated to register their consent if they have the opportunity to learn more about it. This age group has fewer misconceptions and is ripe for simple, accurate information, coupled with personal stories from organ recipients. TGLN's current success will spearhead its continued strategic focus and outreach initiatives in 2014/15.
- **GTA South Asian/East Indian community**: Using new insights from the recent public opinion research, TGLN will focus its efforts on creating networks, building relationships with senior community, medical and faith leaders, engaging those with a personal connection and capitalising on community events to build support for donor registration.

HIGH LEVEL TACTICS

Volunteer Empowerment and Engagement

- TGLN will continue to empower the regional networks of volunteers, fostering robust volunteer networks in the GTA and recruiting new volunteer members within the South Asian communities. TGLN will continue its support by participating in volunteer network meetings, providing training on key messages, media preparation and updating collateral to support local community engagement.
- TGLN held its first Advocate Summit in early 2013 engaging core volunteers with a more focused call to action in support of TGLN's strategic priority, to significantly increase registered donors in

the GTA. The event included 150 advocates and addressed topics such as effective public speaking and best-practice sharing from volunteer networks across Ontario. TGLN will continue to hold an Advocate Summit, and use the event as a catalyst for engaging advocates, sharing ideas and preparing advocates for beadonor month.

Community Mobilization

- TGLN will continue with its Speaking Tour, initiated in 2013/14 to inspire, inform address myths, and misconceptions as well as, spark discussion in order to encourage donor registration among GTA communities
- Support and facilitate community events in partnership with civic-minded organizations with a provincial footprint e.g. Service clubs (Lions Clubs, Rotary); Chambers of Commerce/Business.
- Engage key health care leaders, community leaders, NGOs, MPPs, Mayors to partner with TGLN to build support for donor registration
- Promote engagement of community members touched by organ and tissue donation and transplantation through individual registration drives through outreach to organ transplant support groups and donor family support services.

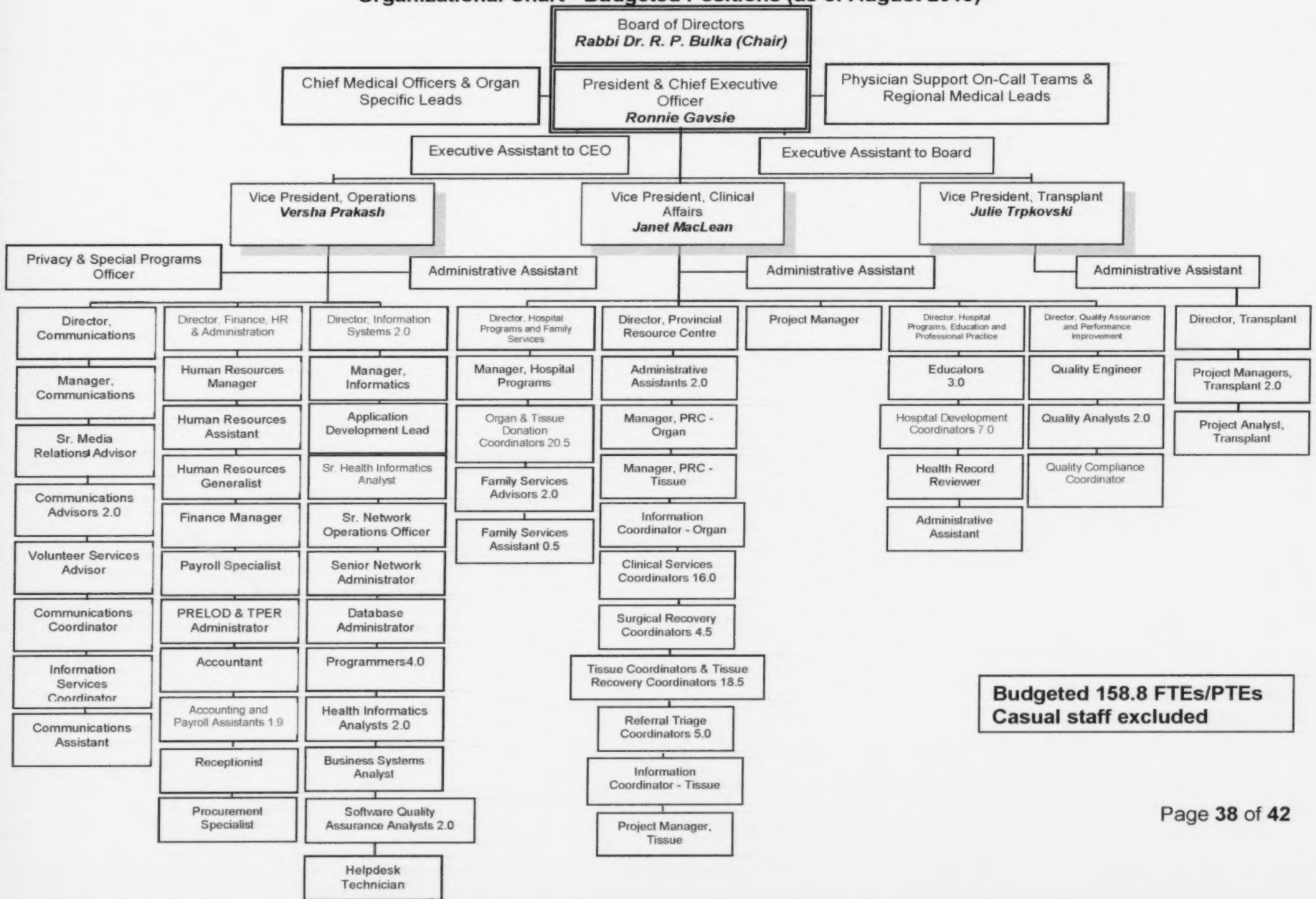
Youth focus

- TGLN will expand the High Schools Outreach Initiative, developed in partnership with Toronto transplant programs, to deliver presentations to inform high school students about the importance of organ and tissue donation and transplantation and the need for donor registration beyond public and Catholic schools to include independent schools and beyond Toronto to other regions in the inner GTA.
- TGLN will also promote the availability of organ and tissue donation and transplantation related curriculum, developed as part of the *One Life…Many Gifts* program in a diverse range of subjects, to high school teachers across the province to include in their curriculum during the 2014/15 academic year
- Explore opportunities to include the 2-minute "Asking too much" video in appropriate presentations to youth, such as the P.A.R.T.Y. (Preventing Alcohol and Risk-Related Trauma in Youth) and driver's education programs.

South Asian Community Engagement

- This community will form the focal point of new outreach initiatives throughout TGLN's communications strategy. TGLN will implement a "community development" model, whereby a 'contracted' dedicated community services worker is added to the team to focus their efforts on increasing donor registration rates by "working out in the field" in the inner GTA. The community services worker will be supported through previously established TGLN advocate services groups.

Organizational Chart - Budgeted Positions (as of August 2013)



Budgeted 158.8 FTEs/PTEs
Casual staff excluded

Staff Numbers

SUMMARY OF CURRENT TGLN BUDGETED STAFF POSITIONS – 2013/14

POSITIONS	# FTE
Office of the President	
President and Chief Executive Officer	1.0
Chief Medical Officer – Donation	0.3
Chief Medical Officer – Transplant & Organ Specific Leads	1.0
Executive Assistant to CEO	1.0
Executive Assistant to Board	1.0
Total	**4.3**
Clinical Operations	
Vice President, Clinical Affairs	1.0
Project Manager	1.0
Administrative Assistant	1.0
Total	**3.0**
Hospital Programs & Education	
Director Hospital Programs, Education & Professional Practice	1.0
Educators	3.0
Hospital Development Coordinators	7.0
Health Record Reviewer	1.0
Administrative Assistant	1.0
Total	**13.0**
Hospital Programs & Family Services	
Director, Hospital Programs and Family Services	1.0
Manager, Hospital Programs	1.0
Organ and Tissue Donation Coordinators	20.5
Family Services Advisors	2.0
Family Services Assistant	0.5
Total	**25.0**
Provincial Resource Centre	
Director, Provincial Resource Centre	1.0
Manager, PRC - Organ	1.0
Clinical Services Coordinators	16.0
Referral Triage Coordinators	5.0
Surgical Recovery Coordinators	4.5
Information Coordinator - Organ	1.0
Administrative Assistant	1.0
Total	**29.5**
Tissue Program	
Manager, PRC - Tissue	1.0
Project Manager, Tissue	1.0
Tissue Coordinators & Tissue Recovery Coordinators	18.5
Information Coordinator - Tissue	1.0
Administrative Assistant	1.0
Total	**22.5**
Operations	
Vice President, Operations	1.0
Privacy and Special Programs Officer	1.0

Administrative Assistant	1.0
Total	**3.0**
Communications	
Director Communications	1.0
Manager, Communications	1.0
Senior Media Relations Advisor	1.0
Volunteer Services Advisor	1.0
Communications Advisors	2.0
Communications Coordinator	1.0
Information Services Coordinator	1.0
Communications Assistant	1.0
Total	**9.0**
Finance, Human Resources and Administration	
Director, Finance, Human Resources & Administration	1.0
Human Resources Manager	1.0
Finance Manager	1.0
Human Resources Generalist	1.0
Human Resources Assistant	1.0
Accountant	1.0
Procurement Specialist	1.0
Payroll Specialist	1.0
PRELOD & TPER Administrator	1.0
Accounting and Payroll Assistants	1.9
Receptionist	1.0
Total	**11.9**
Information Systems	
Director, Information Systems	2.0
Manager, Informatics	1.0
Application Development Lead	1.0
Senior Network Operations Officer	1.0
Senior Health Informatics Analyst	1.0
Senior Network Administrator	1.0
Database Administrator	1.0
Programmers	4.0
Health Informatics Analysts	2.0
Software Quality Assurance Analysts	2.0
Business Systems Analyst	1.0
Helpdesk Technician	1.0
Total	**18.0**
Quality	
Director, Quality Assurance & Performance Improvement	1.0
Quality Engineer	1.0
Quality Analysts	2.0
Quality Compliance Coordinator	1.0
Total	**5.0**
Transplant	
Vice President, Transplant	1.0
Director, Transplant	1.0
Project Managers, Transplant	2.0
Project Analyst, Transplant	1.0
Administrative Assistant	1.0

Total	**6.0**
TOTAL BUDGETED POSITIONS	**150.2**

Performance and Directional Indicators & Targets
TGLN SCORECARD

Performance Indicator	*Definition*	*2014/15 TGLN Target*
Objective 2: Achieve 67-70% TGLN conversion rate for organ donation at originally designated hospitals, 244-260 donors & 3.57 organ yield per donor.		
Conversion Rate*	Actual donors of all ages divided by medically eligible deaths	67-70%
Deceased Organ Donors**	Number of deceased organ donors	244-260
Organ Yield**	Number of organs recovered and transplanted from organ donors	3.57
Objective 3: Achieve 38% tissue consent rate, 2,000-2,150 tissue donors & 300-315 multi-tissue donations.		
Tissue Consent Rate	Cases where tissue consent is obtained from all those approached	38%
Number of Tissue Donors	Number of tissue donors	2,000-2,150
Number of Multi-Tissue Donations	Number of tissue donors who donated one or more of the following tissue types: skin, heart valves, bone and/or connective tissue	300-315
Objective 4: Increase registered donors by 275,000 to 313,000.		
Donor registration in MOHLTC's Database	Number of additional donor registrations in MOHLTC's database	275,000 - 313,000
Objective 7: Recognize, reward, and cultivate performance excellence.		
Total Turnover	Number of total staff departures/Average number of staff	13%

Trillium Gift of Life Network

Summary of Consolidated Operating Budget and New Budget Requests For Fiscal Years 2013/14 To 2014/15

	APPROVED BUDGET Fiscal Year 2013/14	Fiscal Year 2014/15
SUMMARY OF BASE FUNDED OPERATIONS:		
Base Salaries	11,581,872	11,581,872
Hospital Program On Call and Call Back Costs	834,037	834,037
Benefits	2,412,872	2,412,872
Other Operating Expenses	6,347,717	6,347,717
Administrative Efficiencies	(173,898)	(173,898)
SUB-TOTAL	**21,002,600**	**21,002,600**
MANAGED FUNDS		
Deceased Organ Donor	1,726,400	1,726,400
PRELOD	500,000	500,000
SUB-TOTAL	**2,226,400**	**2,226,400**
SUB-TOTAL BASE FUNDED OPERATIONS	**23,229,000**	**23,229,000**
CONFIRMED ADDITIONAL 2013/14 BASE FUNDING:		
Administrative Efficiencies	(78,900)	(78,900)
ANTICIPATED ADDITIONAL 2013/14 BASE FUNDING:		
TPER (Managed Fund)	250,000	250,000
Deceased Organ Donor (Managed Fund)	546,450	546,450
Communications Plan	1,200,000	1,200,000
Transportation Services to Support Organ & Tissue Donation Program Activities	2,829,345	2,899,649
Transplant	1,400,016	1,400,016
Tissue (submitted May 2013)	800,000	1,609,010
REVISED MOHLTC BASE FUNDED OPERATIONS BUDGET	**30,175,911**	**31,055,225**
ANTICIPATED ADDITIONAL 2013/14 ONE TIME FUNDING:		
Communications Plan	400,000	0
Tissue (submitted May 2013)	0	0
SUB-TOTAL MOHLTC ONE-TIME FUNDED PROGRAMS	**400,000**	**0**
TOTAL EXPENDITURE BUDGET	**30,575,911**	**31,055,225**